

October 10, 2003

Don Chapin
302-7th Avenue
Nebraska City, NE 68410

Dear Don:

This letter is a follow-up to the visit to Nebraska City in September, an analysis of the results of interviews in the community and recommended first steps. Thank you for the opportunity to provide consulting services to the Nebraska City Rescue Squad (NCRS).

On September 2nd and 3rd meetings were conducted with the following groups:

1. Nebraska City Mayor, Otoe County Commissioner and City Clerk
2. NCRS chief, captain and billing staff
3. Squad members
4. Medical Directors
5. Health care agency directors

Each group had differing perspectives on issues and solutions for strengthening NCRS.

The good news is that the change made in August whereby NCRS stopped providing non-emergency services to the health care facilities is working well. The health care centers have found other modes of transportation for clients in need, some by using other ambulance services and some by using Specialized Transportation vans. While they have not yet experienced any problems, there is some remaining concern for the residents of the community in independent living. In addition to van transportation, the health care agencies have been using the services of the Atchinson/Holt, Lincoln Fire and Rural/Metro ambulance services. The administrators mentioned that one of the NCRS staff had previously indicated a desire to start up a Specialized Transportation service in town. If you know who that person is, the administrators would be anxious to have such a free-standing service available in the community for their use.

The medical directors, Dr. Thompson and Dr. Vasa are very supportive of the ambulance service. Due to some internal staffing issues (primarily Dr. Thompson's active duty) they have not been as involved recently as they would like to be. Doug Fuller from the state EMS office has provided the physicians with copies of the current state EMS protocols so that they can sign off on them and you can implement them as soon as possible.

NCRS has gone through some changes in the last year or two that have led to a decrease in the number of volunteers available for ambulance call. It is apparent that the current problems reside in two primary areas: the NCRS constitution and bylaws and the lack of consistent, dedicated leadership.

As discussed in our telephone conference call in August, there are likely short term and long term objectives to securing the long term viability of ambulance service in Nebraska

City. The balance of this report will deal with the short term needs. These needs should be addressed as soon as possible so that work can begin on a long term strategy.

The issues in Nebraska City that have prompted this review are common throughout rural America, particularly in communities of your size. It has been my experience in working with a number of rural ambulance services that volunteer systems function best when serving communities of 5,000 population or less and the surrounding areas, because the run volumes and time commitment are manageable for volunteers. In communities with population over 15,000 and their surrounding areas, usually a full-time ambulance service can be supported. Nebraska City, with a population of roughly 7,500 is in the grey zone between these two efficiencies. The population is unlikely to double any time soon, so some concentrated effort in taking steps now to work toward a successful future is highly important.

All across rural America, volunteer ambulance services have been and continue to be operated as clubs. This model, in communities smaller than Nebraska City, functions well. Because the NCRS run volume creates a need for more focused scheduling and commitment, it is necessary for NCRS to move away from the club model and into something more structured. There are some natural transitions that occur with ambulance services as communities grow. The first natural transition is to hire a full-time director and the next natural transition is to manage the relationship of volunteers with their primary employers, and to have full-time day staff.

There are two immediate steps NCRS should take to secure the viability of ambulance service in the Nebraska City community. They are:

1. Restructure the corporation with a community board of directors; and,
2. Hire a full-time director.

NCRS is an independent non-profit corporation. NCRS can no longer function as a club; it has grown too big and now requires a different structure. Many of the problems NCRS currently has are a result of the “bosses” being elected from the membership. This creates a scenario whereby leadership becomes a function of popularity rather than ability. It also causes tension within the group, because naturally within the group there are those who create barriers to change, and those who get frustrated because improvements are too hard to make. For example, there are people in your community who desperately want to contribute their time and energy as volunteers, but are hampered or locked out because the rules in your constitution, some of which were adopted for good reason at the time they were put into place, prohibit their participation.

NCRS needs a separation between the function of corporate governance and operations. I suggest this can best be achieved by creating a community board of directors to manage the corporate activities and to secure long-term financial viability. This change should be made without delay. A goal should be to have a community board established by the end of November. The board of directors should be no larger than absolutely necessary, but needs some specific expertise. A board of no more than seven volunteer members should be created that includes the expertise of these specific roles:

- a. Hospital Administrator
- b. Additional health care sector leader
- c. 2 Elected Officials (one city, either the Mayor or a city council member and a county commissioner)
- d. Banker
- e. Leader of a primarily volunteer organization
- f. Citizen who is not now, nor ever has been, a NCRS member

In addition, NCRS should request from either the city or county the resources of a contracted attorney to re-write the corporate charter, corporate constitution and bylaws to reflect the change in structure from self-governance to an external governing body.

As part of this change, NCRS should seek a volunteer or paid accountant to oversee the finances of the corporation. I am not suggesting that the current work being done in regard to paying bills and recording expenses be diverted from Betty, this work needs to continue. However, expertise is needed from a financial expert who can see the big picture in respect to financial viability that can propose rate changes when necessary, assure the corporate funds are wisely invested, file tax returns and manage investments to maximize returns.

The second primary goal is to secure the services of a full-time Executive Director for NCRS. Because NCRS is a free-standing non-profit, disconnected from the health care providers and local units of government, it would be difficult for the corporation to extend appropriate benefits to this person. A suggested model is to have NCRS contract with St. Mary's Hospital for an Executive Director. By using this tactic, it will tie the ambulance service more closely to the health care providers. The contracted Executive Director would be supervised by, and serve at the pleasure of, the new board of directors, but receive benefits from the hospital. There are a number of ambulance services in other states that use this model and it is highly effective. A sample contract is attached to this report.

The current constitution and bylaws should be changed to operating procedures for the NCRS staff. There are some minor changes that should be made now but hold other changes until the Executive Director is in place and has time to do his or her own evaluation and staff meetings.

These are recommendations based on the meetings conducted:

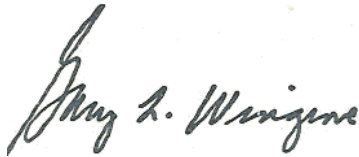
1. Eliminate the 1 year time frame for "non-scheduled" volunteers. It may be necessary to replace this with some other requirement later, but for now you have some committed people who shouldn't have to be concerned about being dropped from the roster until such time as new procedures are in place.
2. Allow "scheduled" volunteers to job share. The current 12 hour shifts seems to be working well, but there are some people who work in town that want to volunteer, but can't for a full 12 hours. Let them find another person who is willing to split the shift with them.

3. After adoption of the new corporate charter, constitution and bylaws, end the monthly business meetings and replace them with combination squad meetings/training sessions, with no more than 30 minutes allotted for squad meeting time.
4. Find someone in the community (or ask the state for help) to engage a professional who can begin team building sessions with the volunteers with a goal of reducing or ending cliques.
5. Suspend the grievance committee and instead, when necessary, conduct one-on-one sessions with EMTs to discuss issues directly, until the Executive Director is in place.
6. Organize a system whereby "non-scheduled" volunteers may sign up for specific days and shifts to relieve some of the time burden.

Finally, I am trying to piece together your financial picture because a rate increase will likely be necessary to support a full-time staff member. Some educated guesses may be necessary depending on how much information actually becomes available. If you adopt the suggestion for some professional accounting expertise, it will make that task easier in the future. I will get back to you with some suggestions.

Thank you again for the opportunity to consult with NCRS.

Sincerely,

A handwritten signature in cursive script, reading "Gary L. Wingrove". The signature is written in dark ink and is positioned below the word "Sincerely,".

Gary Wingrove
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